U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil benefities as provided by 29 U.S.C 439 or 440.

E DOI EN READ THE INSTRUCTIONS CARE	FULLY BEFORE PREPARING THIS REPORT.	
E AG15ms		
1. File Number U	2. Fiscal Year Covered From:	
	<u>D</u> T / DT / D4 Through: T2 / 31 / 04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Robert Puniak	Name Teamsters Local 249	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 40128	
Street 4032 Dickey Road	Street 4701 Butler Street	
City Gibsonia	City Pittsburgh	
State PA . ZIP Code - 15044	State PA ZIP Code + 4 15201-0128	
	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): , or derived income or other economic benefit of zation represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's injowiedge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed J.J. F. A. J. J.	On	
- Klink / Ulmak	Date Telephone Number	

Name of Person Filing Robert Puniak		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name TEAMSTERS LOCAL UND. 1 # 249				
Trade Name, if any:	a. Labor Organizat	len		
P.O. Sox, Bldg., Room No., if any PO. 3ch 40/28	b. Trust c. Employer			
Street 4701 BOTHER STREET	c. Employer			
City PITS BURGH				
State PA ZIP Code - 4 15 241-0128				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such cealir	ıç.		
Name RICHARD 5 LARIMAR	FOUR ADVIS	51,25		
Trade Name, if any: PNC ADUSORS	-			
P.O. Box, Bldg., Room No., if any Two PNC LAZA				
Street 620 LIBERTY AUE	11.b. Approximate dollar valu	e of such dealing. 4 879.423.44		
City Prosbulgh	12.a. Nature of interest held	······································		
State OA ZIP Code + 4	LUNCH EXA	VILL FOR GOLF OUTINS		
	,			
	12.b. Amount.	34,50		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any).	14.a. Nature of payment.			
Nama				
Trade Name, if any:		; ;		
P.O. Box, Bldg., Room No., if any		;		
Street				
City -		;		
State ZIP Code + 4				
13.b. Is the Business an Employer x or Consultant?	14.b. Amount of payment,			

File Number U-

Name of Person Filing

			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TEAMSTERS LOCAL UNICH # 249 Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any PO BOX 40128 Street 4701 Bottler Street	c. Employer		
City P177300.294 State PA		·	
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any: PNC ADVISOR'S	FUND ADVISCES		
P.O. Box, Bldg., Room No., if any Two Par. 12, AZA Street C.20 Liberty Ave.	11.b. Approximate dollar value of such dealing.	4 819 411 44	
State PA ZIP Code -4 15232	12.a. Nature of interest held or income received. EXRESSS FOR GOLF		
		t	
	12.b. Amount.	297.34	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	297.34	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)	297.34	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.	297.34	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.	297.34	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.	297.34	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.	297.34	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	er parts A and B above) or other thing of value.	297.34	

= le Number U-

Name of Person Filing

Robert Puniak

B. Held an interest in or derived income or economic banefit with monetary values substantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or setting or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name TEAMSTERS LOCAL UNION # 249 Trade Name, if any: P.O. Box, Bidg., Room No., if any DO 30X 40128 Street 4701 BOTLER STREET City PLTISE ASH State PA	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name RUMAN 5 LARIDAR Trade Name, if any: PNC ADVISORS P.O. Box, Bldg., Room No., if any Two PNE PLAZA	FUND ADVISORS
Street 620 LIBUATY RUC	
City OTTSROLS V	11.b. Approximate dollar value of such dealing. 4874. 422. 44
	DINNEL EXPENT. I FOR GOLF OUTing
State <u>PA</u> ZIP Code - 4 <u>16222</u>	
	12.b. Amount
C. Received from any employer (other than an amployer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
City -	
State ZIP Code + 4	
13.5. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.

File Number U-

Name of Person Filing

Robert Puniak